

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005643

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. _____

Registrar's No. 39

FILED MAR 15 1963

1. PLACE OF DEATH

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)

Mt. Pleasant Twp

Length of stay in 1b

3 hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Southview Golf Club

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Jackson

c. CITY

OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
4100 E. 113th Terr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ray

Middle

Leo

Last

Woolsey

4. DATE OF DEATH

Month

3

Day

12

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-18-10

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Industrial Fireman

10b. KIND OF BUSINESS OR INDUSTRY

Bendix Corp

11. BIRTHPLACE (City and state or country)

Knoxville, Illinois

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Leo B. Woolsey

13b. MOTHER'S MAIDEN NAME

Fostina Farrow

14. NAME OF HUSBAND OR WIFE

Marjorie I. Woolsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marjorie Woolsey, 4100 E. 113th Terr

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION.

COUNTY

STATE

21. I attended the deceased from

Death occurred at

Nov 16, 1961 to Mar 12, 63 last saw him alive on Mar 12-63

2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title)

M.D.

22b. ADDRESS

5801 E. 113th, K.C. Mo.

22c. DATE SIGNED

3-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

E.K. George & Sons Inc, Grandview, Mo

25. DATE RECD. BY LOCAL REG.

3-14-63

26. REGISTRAR'S SIGNATURE

Ray J. Seibel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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94201

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1271-0

132-0

MAR 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4944

P. O. Address Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.